

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 17 1957

20627

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dodge</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Chambers</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>				Length of stay in lb <u>8 days</u>		d. STREET ADDRESS (If outside, give location) <u>none</u>	
3. NAME OF DECEASED (Type or print) First <u>Frederick</u> Middle <u>Wilhelm</u> Last <u>Klick</u>				4. DATE OF DEATH Month <u>June</u> Day <u>11</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 5, 1881</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>		IF UNDER 24 HRS. Hours <u>4</u> Min. <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cable Boy on Boat U. S. Eng.</u>	
11. BIRTHPLACE (City and state or country) <u>Fredericksburg, Missouri U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>Ferdinand A. Klick</u>		14. MOTHER'S MAIDEN NAME <u>Johanna Gawer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-28-4850</u>		17. INFORMANT <u>Mrs. Emma Topel, Washington, Mo.</u>		Address <u>Washington, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterial fibrillation</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Arterio-sclerotic C. V. R. disease</u>							
DUE TO (c) <u>old age</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Pt. died on operating table while undergoing transurethral prostatic resection by R. K. Royce, M.D.</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>a. m.</u> Month <u>June</u> Day <u>11</u> Year <u>1957</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>3 June 57</u> to <u>11 June 57</u> and last saw her alive on <u>11 June 57</u> Death occurred at <u>2:45 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Raymond Bozzo, M.D.</u>				22b. ADDRESS <u>Washington, Mo.</u>			
22c. DATE SIGNED <u>12 June 57</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>June 14, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Fredericksburg, Missouri</u>	
24. FUNERAL DIRECTOR <u>Hiebner &amp; Witt, Inc., Washington, Mo.</u>		25. DATE RECEIVED BY LOCAL REG. <u>June 13, 1957</u>		26. REGISTRAR'S SIGNATURE <u>R. J. Schumann, Jr.</u>			

VS AUG 26 1959

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Jerome F. Swolord*

Licensed Embalmer No. 41

P. O. Address *Spokane*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.